



State of Arizona
Naturopathic Physicians Board of Medical Examiners
"Protecting the Public's Health"

1400 W. Washington, Ste 230 ♦ Phoenix, AZ 85007
Voice Telephone: (602) 542-8242 ♦ FAX (602) 542-3093

APPLICATION FOR MEDICAL LICENSE

THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT.

Print or Type This Application – Incomplete and Unreadable Applications are Denied by the Board.

Alternative format of Submitting This Application

An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known.

This Application is for:

1. ☐ Regular Medical License
2. ☐ Medical License by Endorsement from the State/Province of _____
3. ☐ As a candidate for License by Endorsement from the state listed above and pursuant to ARS 32-1522.01, I am requesting a temporary license be issued upon successfully passing the Arizona Jurisprudence exam. I understand a temporary license is valid until the last day of the month in which my application is presented to the Board for approval.

Applicant's Name: _____
Last First Middle

Business Name: _____

Business mailing address

Street	Suite #	City	State	Zip
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Business Phone: (____) _____ Business Fax: (____) _____

Home Address:

Street	Suite #	City	State	Zip
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Daytime Telephone (____) _____ Other Telephone: (____) _____

Email Address: _____

Date of Birth: ____/____/____ Place of Birth: _____
City State/Province Country

Are you a United States Citizen? Yes____ No____ Gender ☐ Male ☐ Female

Social Security Number or United States Resident Immigration ID Number: _____ - _____ - _____

Height: _____	Weight: _____	Hair Color: _____	Eye Color: _____
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Medical School/Clinical Training Information

Medical School Graduation Date: ____/____/____

Name of School From Which Applicant Graduated: _____

Address of School From Which Applicant Graduated: _____
City State/Province/Country Postal Code

Clinical Training Completion Date: ____/____/____

Name of Clinical Training Facility: _____

Address of Clinical Training Facility: _____
City State/Province/Country Postal Code

Pursuant to A.R.S. 32-1525, an applicant for licensure in the State of Arizona must take and pass the North American Board of Naturopathic Examiners (NABNE) NPLEX examination.

A. Part One: I took and passed the NABNE Basic Sciences Examination given on ____/____/____.

B. Part Two: I took and passed the NABNE Clinical Science Examination given on ____/____/____.

C. On ____/____/____, I requested my official NABNE transcripts to be sent directly to:

Naturopathic Physicians Board of Medical Examiners, 1400 W. Washington, Ste. 230, Phoenix, AZ 85007

List in Chronological order all colleges and universities attended, location, dates of attendance and credits or degree earned:
(If additional space is needed, attach a supplement to this application. Do not list your naturopathic college.)

College or University	Location	Dates of Attendance Years From - To	Credits or Degree Earned

List all licenses and certificates issued or denied by any licensing agency, location of the agency, status of the license or certificate and next renewal date: (If additional space is needed, attach a supplement to this application.)

Applicants are required to request each agency listed below to verify the status of the license or certificate. The document for requesting said information is enclosed with this application. It may be copied as needed.

Name of Licensing Agency	Location	Status of License or Certificate	Next Renewal Date

You are required to answer all of the following questions

Answer the Following Questions:

1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor? [☐ Yes [☐ No
2. Have you ever had a license/certificate, including a driver's license, denied, suspended, rejected or revoked by any agency? [☐ Yes [☐ No
3. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501? [☐ Yes [☐ No
4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency? [☐ Yes [☐ No
5. Do you have a complaint pending before any agency? [☐ Yes [☐ No
6. Have you ever been found guilty of being medically incompetent? [☐ Yes [☐ No
7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgement? [☐ Yes [☐ No
8. Do you have any medical condition that in any way impairs or limits your ability to practice medicine? [☐ Yes [☐ No
9. Do you currently have a complaint or open investigation in which you are involved? [☐ Yes [☐ No

***An applicant is required to submit a written supplement to this application if the answer is Yes to any of the above questions. ** The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to the questions.**

The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation is inclusive of all arrests including juvenile arrests even when records are expunged by a court of law. In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served. Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.

[☐ Yes [☐ No I submitted a written supplement to this application for the above questions.

Subscribed And Sworn To Before A Notary Public:

State of _____)

County of _____)

Print The Applicant's Full Name: _____ **being**
first duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 200_____

(OFFICIAL STAMP)

Notary Public Signature

Requirements for Licensure in the State of Arizona

The successful completion of the Jurisprudence Examination is a requirement of the State of Arizona Naturopathic Physicians Board of Medical Examiners for licensure. Arrangements to take the examination can be made by contacting the Board office.

Pursuant to A.R.S. 32-1522

A. To be eligible for a license to practice naturopathic medicine pursuant to this chapter, the applicant shall:

- (1) Be a graduate of an approved school of naturopathic medicine.
- (2) Have satisfactorily completed an approved internship, preceptorship or clinical training program in naturopathic medicine.
- (3) Possess a good moral and professional reputation.
- (4) Be physically and mentally fit to practice as a doctor of naturopathic medicine.
- (5) Not be guilty of any act of unprofessional conduct or any other conduct which would be grounds for refusal, suspension or revocation of a license under this chapter.
- (6) Not have had a license to practice any profession refused, revoked or suspended by any other state, district or territory of the United States or another country for reasons which relate to his ability to skillfully and safely practice as a physician in this state.
- (7) File a completed application pursuant to section 32-1524 and pass the examination provided for in section 32-1525

B The Board may:

1. Require an applicant to submit credentials or other written or oral proof.
2. Make investigations it deems proper to adequately advise the Board with respect to the qualifications of an applicant.

Check List for Applicant

- ☐ Yes ☐ No I have enclosed with this application a passport size photograph and have printed my name on the back of the photograph. **Photograph must have been taken within the last 60 days.**
- ☐ Yes ☐ No I have requested an **official copy of my naturopathic medical school transcript** showing graduation date issued by my naturopathic medical school.
- ☐ Yes ☐ No **I have enclosed with this application my fingerprint card completed by a fingerprint technician, along with the required fee.** The Board does not process fingerprint cards. That agency processes the card and transmits the card to the United States Department of Justice Federal Bureau of Investigation. That Bureau reads the fingerprints and provides a Criminal Justice Information Report to the Board. **A MONEY ORDER in the amount of \$29.00 payable to DPS is required by the applicant. This fee is not refundable.**
- ☐ Yes ☐ No I took and passed the Jurisprudence Examination on ____/____/____.
- ☐ Yes ☐ No I am including the fee (\$60) for the Jurisprudence Exam with this application. ***This fee is not refundable.***
- ☐ Yes ☐ No I have made arrangements to take the Jurisprudence Examination offered on ____/____/____.
- ☐ Yes ☐ No I have completed the Pharmacology requirements as outlined in 32-1526 (G)

Note: The fee for initial licensure is pro-rated per A.R.S. 32-1526 (k), in the amount of \$25.00 per month. This fee includes the month of Board acceptance and continues through the end of the year of initial issue. You will be notified in writing of the amount due when the Board accepts the application. Once the fee is received, the license will be issued.



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VERIFICATION REQUEST FORM

Notice to Applicant:

You are required to send this form to each statutorily appointed licensing agency or board that issued or refused to issue you a professional or occupational license or certificate in the practice of medicine or in any healing art. It is your responsibility to correctly identify yourself to that agency or board and pay them a fee, if any, for remitting the information to the State of Arizona.

Applicant Name: _____
Last First Middle

Applicant License,
Registration or Certificate Number: _____ SS# _____ / _____ / _____

I hereby authorize you to send directly to the state of Arizona the information requested herein

Signature _____ Date _____

To be filled out by applicant

Is the person named above licensed, registered or certified by your Agency or Board? ☐ yes ☐ no

Name of the individual as it appears on the license, registration or certificate:

Check all that apply; ☐ license ☐ registration ☐ certificate

License, registration or certificate number _____ Initial date issued _____

Is the license, registration or certificate active ☐ Yes ☐ No

If **No**, attach the information to this document

Is an action pending or has any action been taking against the applicant? ☐ Yes ☐ No

If **YES** provide information regarding any action pending or taken against the applicant.

Was license, registration or certificate denied to this applicant ☐ Yes ☐ No

If **DENIED** provide the date and the reason for the denial.

Name of Agency or Board

Street

City

State

Zip

Signature

Title

Date

Return this document to:

State of Arizona
Naturopathic Physicians Board of Medical Examiners
1400 W. Washington, Ste. 230
Phoenix, AZ 85007

State Seal